

EFNEP Checklist

Leader's name:

ID# if applicable:

We would like to know what you want to learn about in EFNEP classes. Please answer these questions to help us know what to teach. You don't need to fill in the shaded area.

This is not a test. There are not any wrong answers. If you do not have children, just answer the questions about yourself.

Thank you!

Name	ID#
Date	Check if <input type="radio"/> Entry <input type="radio"/> interview Exit <input type="radio"/>

These questions are about the ways you plan and fix foods for your family. As you read each question, think about how you usually do things now.

<i>Please put a check in the box that best answers each question.</i>	Does not apply	Almost never	Some- times	Most of the time	Almost always
<i>How often...</i>					
(1) Do you plan meals to include all of the food groups?	0	1	2	3	4
(2) Do you compare food prices to save money?	0	1	2	3	4
(3) How often do you eat a low-fat food instead of a regular food?	0	1	2	3	4
(4) Do you leave cooked foods out of the refrigerator for more than two hours?	0	4	3	2	1
(5) Do you thaw frozen foods on the counter or in the sink?	0	4	3	2	1
(6) Do you add salt to your food?	0	4	3	2	1
(7) Do you use the Nutrition Facts on the food label to make food choices?	0	1	2	3	4

Please continue on the other side of this page.

(8) Do you and your children eat more than one kind of fruit each day?	0	1	2	3	4
(9) Do you run out of money or food stamps?	0	4	3	2	1
(10) Do you and your children eat breakfast within two hours of getting up?	0	1	2	3	4
(11) Do you shop with a grocery list?	0	1	2	3	4

<i>Please put a check in the box that best answers each question.</i>	Does not apply	Almost never	Sometimes	Most of the time	Almost always
(12) Do you and your children eat more than one kind of vegetable each day?	0	1	2	3	4
(13) When you make a recipe from scratch, does it usually come out right?	0	1	2	3	4
(14) Do you wash your hands with soap and water before you prepare or eat foods?	0	1	2	3	4
<i>Please put a check in the box that best answers each question.</i>	Very much	Somewhat	Not very much		
(15) How much of an effect do you feel what you eat will have on your future health?	3	2	1		
(16) To what extent do you feel your health depends on how you take care of yourself?	3	2	1		
(17) Some people feel that if you're going to be sick, you'll be sick. How much do you feel it's possible to prevent sickness?	3	2	1		
(18) If qualified health professionals recommend eating certain foods, how likely is it that you'll try them?	3	2	1		
(19) Are you more concerned about what you eat than you used to be?	3	2	1		
<i>Please put a check in the box that best answers each question.</i>	I don't like to cook.	I don't mind cooking	I like to cook		

(20) How do you feel about cooking?	1	2	3
(21) Why do you feel this way about cooking? You may choose more than one. <ul style="list-style-type: none"> ○ I cook to please my family. ○ It's better for my family. ○ I like to eat. ○ I like to try new recipes. 	To Score: If box is checked = 1; If not checked = 0 <ul style="list-style-type: none"> ○ My family doesn't like what I cook. ○ Nobody else will cook at my house. ○ I don't have time to cook. ○ I don't have money for groceries. ○ I don't have a place to cook. 		
(22) Please check (3) which topics you want to learn about. You may choose more than one.	○ Nutrition ○ Budgeting ○ Food Safety	○ Food Shopping ○ Food Preparation ○ Meal Planning	
(23) Are there any other comments you would like to add?			

Thank you!